

Joanne S. Luciano, Ph.D.

(443)458-7355

09/11/08 09:12P P.001

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**JOANNE LUCIANO, PHD**

45 Orchard Street  
Belmont, Massachusetts 02478

Phone: +1.617.489.0415  
Email: joanne.luciano.1996@alum.bu.edu

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To: United States Patent & Trademark Office  
Fax No: 571 273 6500  
→ Attention: Refunds ←  
Date: 11 September 2008  
RE: Application No. 09045734 /// Patent No. 6063028  
Refund request for prior fees paid that were in the wrong amount;  
correct fee amount and petition submitted online

**BY FAX**      5 Pages

Dear Sir or Madam,

This letter is a request for a refund check in the amount of \$2,105.00 for patent fees I

PAGE 1/1 \* RCVD AT 9/11/2008 3:14:38 PM (Eastern Daylight Time) \* SVR:USPTO-EFAX-6/15 \* DNIS:2738500 \* CSID:443 458 7355 \* DURATION (mm-ss):01-02 ent

**Bank of America****Online Banking****JSL Personal Checking 4247 : Account Activity****Transaction Details:**

Description: Check 1307

Posting date: 07/16/2008

Amount: \$2,105.00

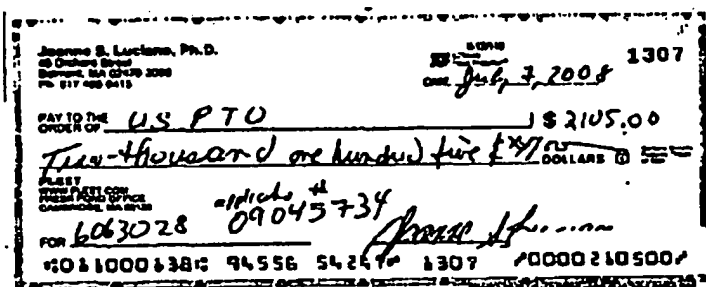
Reference Number: 86092156512

Check number: 1307

Account nickname: JSL Personal Checking 4247

Account number: DDA-4247

Please Note: Only items posted to your account within the newest 180 calendar days will be available online.

**Additional Details:****My Description:****Check Image:**

Adjustment date: 09/26/2008 CKHLOK  
07714/2008 WABDELRI 00000002 6063028  
01 FC:1599 -2105.00 OP

Refund Ref:  
09/26/2008 CKHLOK 0000164556

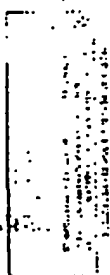
CHECK Refund Total: \$2105.00

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

091045734

| REQUEST FOR PATENT FEE REFUND                         |                                   |  |                |                 |    |  |    |  |  |  |
|---|-----------------------------------|--|----------------|-----------------|----|--|----|--|--|--|
| 1 Date of Request: <u>9-26-08</u>                     |                                   | 2 Serial/Patent # <u>6,063,028</u>   |                |                 |    |  |    |  |  |  |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER   | 5 DATE FILED   | 6 AMOUNT        |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Filing                            |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Amendment                         |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Extension of Time                 |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Petition                          |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Issue                             |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Maintenance                       |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Assignment                        |  |                | \$              |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Other                             |  | <u>7-11-08</u> | \$ <u>2,105</u> |    |  |    |  |  |  |
|   |                                   | 7 TOTAL AMOUNT OF REFUND   |                | \$ <u>2,105</u> |    |  |    |  |  |  |
|   |                                   | 8 TO BE REFUNDED BY:   |                |                 |    |  |    |  |  |  |
| 10 REASON:  |                                   | <input checked="" type="checkbox"/> Treasury Check   |                |                 |    |  |    |  |  |  |
|   |                                   | Credit Deposit A/C #:  |                |                 |    |  |    |  |  |  |
| <input type="checkbox"/>                              | Overpayment                       | 9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table> |                |                 |    |  | -- |  |  |  |
|   |                                   |  |                |                 | -- |  |    |  |  |  |
| <input checked="" type="checkbox"/>                   | Duplicate Payment                 |  |                |                 |    |  |    |  |  |  |
| <input type="checkbox"/> No Fee Due (Explanation):    |                                   |  |                |                 |    |  |    |  |  |  |
|   |                                   |  |                |                 |    |  |    |  |  |  |
|   |                                   |  |                |                 |    |  |    |  |  |  |
|   |                                   |  |                |                 |    |  |    |  |  |  |
| 11 REFUND REQUESTED BY:                               |                                   |  |                |                 |    |  |    |  |  |  |
| TYPED/PRINTED NAME: <u>Karen Creasy</u>               |                                   | TITLE: <u>Petitions Examiner</u>   |                |                 |    |  |    |  |  |  |
| SIGNATURE: <u>/Karen Creasy/</u>                      |                                   | PHONE: <u>2-3208</u>   |                |                 |    |  |    |  |  |  |
| OFFICE: <u>Petitions</u>                              |                                   |  |                |                 |    |  |    |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |  |                |                 |    |  |    |  |  |  |
| APPROVED: <u><i>[Signature]</i></u>                   |                                   | DATE: <u>9/26/08</u>   |                |                 |    |  |    |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*



1018639395

ENCLOSURE  
...  
UNITED STATES OFFICE  
OF PATENT AND TRADEMARK OFFICE  
WASHINGTON, DC 20503  
U.S. DEPT. OF COMMERCE  
1018639395

**Acknowledgement Receipt**

The USPTO has received your submission at 12:24:28 Eastern Time on 11-SEP-2008 .

\$ 2820 fee paid by e-Filer via RAM with Confirmation Number: 7044.

**eFiled Application Information**

|  |   |
|--|---|
| EFS ID                                       | 3924627   |
| Application Number                           | 09045734  |
| Confirmation Number                          | 1334  |
| Title  | METHOD FOR PREDICTING<br>THE THERAPEUTIC<br>OUTCOME OF A<br>TREATMENT FOR AN<br>AFFECTIVE DISORDER. |
| First Named Inventor                         | JOANNE SYLVIA LUCIANO   |
| Customer Number or<br>Correspondence Address | JOANNE S. LUCIANO, PH.D.<br>45 ORCHARD STREET<br>BELMONT<br>MA 02478-3008 US<br>617-489-0415        |
| Filed By                                     | Joanne Luciano  |
| Attorney Docket Number                       | 2000SD  |
| Filing Date                                  | 20-MAR-1998   |
| Receipt Date                                 | 11-SEP-2008   |
| Application Type                             | Utility under 35 USC 111(a)   |
| Patent Number                                | 6063028   |
| Petition Issue Date                          | 11-Sep-2008   |
| Patent Issue Date                            | 16-May-2000   |

**Application Details**

| Submitted Files  | Page<br>Count | Document Description                     | File Size    | Warnings |
|------------------|---------------|--|--------------|----------|
| sb0066e_fill.pdf | 3             | Petition automatically granted<br>by EFS | 747183 bytes | ◆ PASS   |
| fee-info.pdf     | 2             | Fee Worksheet (PTO-06)                   | 32059 bytes  | ◆ PASS   |

## JOANNE LUCIANO, PHD

07/16/2008 Check 1307: Edit  
Details

\$2,105.00

Edit Details View Front View Back View Front and Back View Details

Joanne S. Luciano, Ph.D.  
48 Orchard Street  
Salem, MA 02470 3008  
Ph 617 489 04131307  
DATE July 7, 2008

PAY TO THE ORDER OF US PTO \$2105.00

Two-thousand one hundred five &amp; 10/100 DOLLARS

FLEET  
WWW.FLEET.COM  
FRESH FORD OFFICE  
CAMBRIDGE, MA 02138

FOR 6063028

applies #  
09045734

Joanne S. Luciano

10312007304  
MICROFILM NA 94471 17961  
PHILA. PA 0712298 17961  
1018633395

DO NOT WRITE STAMP OR SIGNATURE

CO. 07-14-2009  
U.S. TREASURY

DATE AND TIME OF DEPOSIT

ENDORSE HERE

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PAGE 1/1 \* RCVD AT 9/11/2008 3:14:36 PM [Eastern Daylight Time] \* SVR:USPTO-EFRRF-6/15 \* DNR:2736500 \* CBID:4434587355 \* DURATION (mm:ss):01:02:ent

**Bank of America** 

Online Banking

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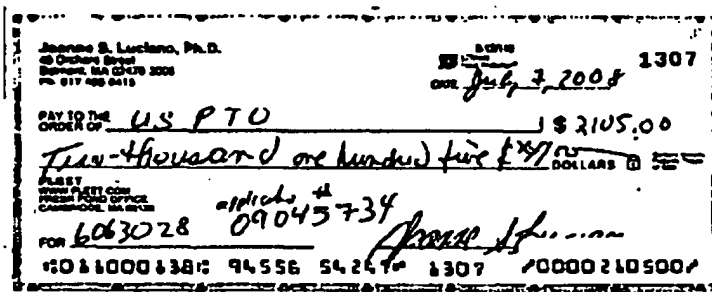
Account number: DDA-4247

Please Note: Only items posted to your account within the newest 180 calendar days will be available online.

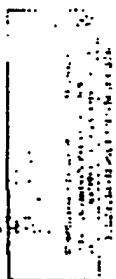
## Additional Details:

My Description:

## Check Image:







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1018639395

CRIMINAL RECORDS  
NATION AND POLICE OFFICE  
0-11-10-13  
02-11-10-13  
U.S. DEPT. OF JUSTICE  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

## JOANNE LUCIANO, PHD

▼07/16/2008 Check 1307: Edit  
Details

-\$2,105.00

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|  |  |                               |  |
|--|--|-------------------------------|--|
| Joanne S. Luciano, Ph.D.<br>48 Orchard Street<br>Salem, MA 02478 3008<br>Ph 617 489 0413 |  | DATE <u>July 7, 2008</u> 1307 |  |
| PAY TO THE ORDER OF <u>US PTO</u>  |  | \$ <u>2105.00</u>             |  |
| <u>Two-thousand one hundred five &amp; 11/100</u>  |  | DOLLARS                       |  |
| FLEET<br>WITH FLEET COM<br>FRESH POND OFFICE<br>CAMBRIDGE, MA 02138                      |  | applied #<br><u>09045734</u>  |  |
| FOR <u>6063028</u>   |  | <u>Joanne S. Luciano</u>      |  |

|  |  |
|--|--|
| ENDORSE HERE   |  |
| DATE AND PAY-TO OFFICE<br>07-14-2008<br>U.S. TREASURY                        |  |
| DO NOT WRITE STAMP OR SIGNATURE  |  |
| 10312007304<br>WASHINGTON, DC 20503<br>PHILA, PA 07162688 11PK<br>1018639395 |  |